STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155790	A. BUILDING 00 B. WING	08/09/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHAB-BRIDGEWATER	14751 CAREY RD CARMEL, IN 46033

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F0000	This visit was for a Recertification and State Licensure Survey. This visit was in conjunction with the Investigation of Complaint IN00113597. Survey dates: August 5, 6, 7, 8, 9, 2012 Facility number: 012548 Provider number: 155790 AIM number: 201023760 Survey team: Connie Landman, RN-TC Diana Zgonc, RN Lora Brettnacher, RN Christi Davidson, RN Census bed type: SNF: 54 SNF/NF: 36 Total: 90 Census payor type: Medicare: 43 Medicaid: 16 Other: 31 Total: 90 These deficiencies reflect state findings cited in accordance with 410	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	IAC 16.2. Quality review completed August 15, 2012 by Bev Faulkner, RN			

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F0167 SS=C	483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability. Based on observation and interview, the facility failed to ensure residents, staff and visitors were able to locate the survey reports without having to ask for the location of the survey book. Findings include: On initial tour of the facility on 8/5/12 at 2:00 P.M., there were no observations of survey signs posted anywhere in the facility alerting residents, staff or visitors as the whereabouts of the survey reports. When the survey information was located, it was contained in a binder without any information as to what was in the binder. During an interview with a resident council representative on 8/8/12 at 3:00 P.M., the resident indicated she knew there was a report written, but	F0167	This serves as the Allegation of Compliance for Kindred Transitional Care & Rehabilitation-Bridgewater for the recent complaint survey dated 8/9/2012. Kindred-Bridgewater asserts that all corrections described on this Plan of Correction have been implemented. In regards to the specific deficiencies, we have outlined our corrective actions and continued interventions to assure compliance with regulations and our plan of action. The staff of Kindred-Bridgewater is committed to delivering high quality health care to its residents to obtain their highest level of physical, mental, and psychosocial functioning. We respectfully submit Kindred-Bridgewater is in substantial compliance as set forth below, we are confident that it will be found in substantial compliance with regulations upon re-survey. The statements made on the plan	08/27/2012

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	she did not know where the survey reports were kept. During an interview on 8/9/12 at 9:32 A.M., with the Executive Director, he indicated the survey book was in the hallway in a clear binder and he would put identification on it so that staff, residents and visitors could locate the information without having to ask. 3.1-3(b)(1)		of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. **F167** The facility ensures residents and all visitors are able to identify survey results and not have to ask for the location of the survey book. 1.The resident council representative has been told and shown where the survey binder is located. 2.The survey results binder is clearly marked and remains in a centralized location in the facility. In the front lobby there is a large print sign notifying all the location of the survey results binder. 3.The administrator has reviewed the regulation as it relates to this deficiency and will ensure the posting notice and label on binder remain visible. The receptionist or designee will help maintain these changes. 4.The Administrator, or designee, will monitor daily to ensure both changes remain in effect. The Administrator, or designee, will report to the Performance Improvement committee any exceptions to these changes. 5.Completion date: 8/27/12.	

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F0226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on interview and record review, the facility failed to identify, investigate, and report allegations of abuse according to the facility policies for 2 of 5 residents who reported staff was rude to them and indicated the facility was aware of the allegations. (Residents #4 & #68). Findings 1. Resident #4's record was reviewed on 8/8/2012 at 9:18 A.M. Resident #4 was admitted on 2/6/2012 and readmitted on 5/23/2012. Current diagnoses included but were not limited to constipation, urinary frequency, chronic airway obstruction, hypertension, acute post-op pain, orthopedic aftercare for a femur fracture. During an interview on 8/7/2012 at 9:32 A.M., Resident #4 was queried if she ever felt afraid because of the way she or some other resident was treated? She indicated, "yes." When asked about the details she	F0226	**F 226** The facility has developed and implemented written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. 1.All occurrences reported by #4 and #68 happened in the past and have had no issues since. Resident #4 remains happy and content at this time and has not seen or experienced any issues with staff having an “attitude.” Resident #68 has not had an issue with staff behaving badly to her roommate and has not had any issues with CNA’s behaving rudely to her. 2.Residents/visitors/staff reporting allegations of abuse or neglect to any staff member is followed up upon per facility policy including reporting to state officials in accordance with state law. 3.Staff will be in-serviced on identifying and reporting allegations of abuse/neglect by the Staff Development Coordinator (SDC) or designee. The Executive Director and Director of Nursing Services (DNS) will also be in-serviced on	08/27/2012

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	replied, "Just one, that one time. There were no exact details. Just attitude." Resident #4 indicated she reported to her "Angel" and named Staff #10 was her assigned "Angel." During an interview on 8/8/2012 at 11:02 A.M., the DON (Director of Nursing) stated, "the Angels make rounds and if they have any concerns whether or not it was abuse it would be reviewed by ED (Executive Director)." During an interview with the ED and the DON on 8/8/20 at 2:33 P.M., the ED stated, "(Indiana State Department of Health Long Term Care Director named) came out with this. Every incident of rudeness does not have to be reported unless it is abuse. The only thing I can think of is the old unit manager investigated it and it wouldn't have been brought to my attention if she decided it wasn't abuse." The facility did not have written documentation of this directive. During this interview, the DON and ED were informed of Resident #4's allegations. During an interview on 8/9/2012 at 9:02 A.M., The DON indicated after she was informed of the allegations she completed an investigation. She		investigations by the SDC or designee. 4.The Executive Director, or designee, will review allegations of abuse/neglect, ongoing, to ensure proper documentation is in place, will review findings and report to the Performance Improvement committee. 5.Completion date: 8/27/12.	

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	provided documentation of the investigation regarding Resident #4's allegations of a CNA (Certified Nursing Assistant) being rude to her. The documentation, dated 8/8/2012, indicated Resident #4 reported, "I told my Angel (Staff #10) that one of the aides had a bad attitude and it made me uncomfortable. I've seen her since and her attitude is much better. I feel safe here. I am happy here." The DON indicated she had talked to (Staff #10) and he remembered the incident. Staff #10 indicated it happened about 6 months ago and he reported it to the Executive Director. At this time the DON was asked to provide documentation of the investigation. During an interview on 8/9/2012 at 9:20 A.M., the DON indicated the ED (Executive Director) was aware of it. They determined it wasn't abuse. There was no documentation of an investigation because based on the information Staff #10 reported to him it was determined it was not abuse. At this time the DON was asked to provide any documentation regarding Resident #4's allegations of a CNA being rude or making her feel uncomfortable. During an interview on 8/9/2012 at			

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	9:22 A.M., the ED stated, "I don't recall being told this." When queried if the Angels documented resident concerns he stated, "Evidently (Staff #10 named) didn't feel like it was anything so he did not fill the form out. I don't recall. I don't recall being told this. I think it is a one time incident. (Staff #10 named) must of felt it was nothing so if he told me I didn't do anything." During an interview on 8/9/2012 at 1:55 P.M., the ED provided a document titled "Angel Care Question of the Week, dated May 28, 2012." He stated, "I just found this." This form indicated on May 28, 2012, Staff #10 documented Resident #4 indicated 'yes' when asked: "Have you ever been treated roughly by the staff or any visitors? Has staff ever been rude to you? Do you ever feel afraid because of the way you or some other resident is treated?" Staff #10 indicated on this form, "some event she told him about months ago." Follow-up comments were, "Was not abusive. CNA know [sic] longer here." During an interview 8/9/2012 at 2:15 P.M., Staff #10 indicated he recognized the document and he had filled it out. (Angel Care Question of			

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	the Week dated May 28, 2012." He had been an "Angel for about 7 months. This was the only form he was aware the facility used. He had been Resident #4's Angel since she had been on the 5000 Hall. The form was dated correctly. When he questioned Resident #4 on May 28 , 2012 if she had ever been treated roughly by the staff or any visitors, had staff ever been rude to you, or if she ever felt afraid because of the way you or some other resident was treated, Resident #4 indicated not recently but brought up the incident she had told him about months ago. At this time Staff #10 indicated Resident #4 had previously told him about a CNA who was rude to her but because she was sharp, oriented X 3, had no memory impairment and told him she was a big girl and could handle herself he did not feel it was a concern. Resident #4 did not tell him the CNA's name but Staff #4 assumed who it was because of the assignment sheets. He could not recall the CNA's name at this time. He verbally told the ED about it at the time but did not fill out a concern form because he personally did not feel it was anything. He indicated it was the policy to fill out a concern form and give it to the ED.			

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	A document titled "Angel Care Program" provided by the ED on 8/9/2012 at 1:55 P.M., indicated, "The Angel Care Program is a proactive approach to address requests or concerns before they become a complaint or grievance. Each center is to participate in and offer the Angel Care Program to the residents to increase the communication between residents, family members/responsible parties and center representatives. . .Definitions Concern-anxiety, uneasiness, worry, disquiet. Complaint-expression of discontent. A formal accusation. Grievance-Formal objection, a formal complaint made on the basis of something that somebody feels is unfair. Angels-staff members assigned to watch over particular residents and their families to provide them with extra, personalized attention. The Angel resolves requests or concerns or communicates it to the appropriate people and then follows up with the resident/family member to validate a resolution. . . Procedure. . .Document results of call on the Angel Care Weekly Note. If issue is determined to be a complaint or grievance, follow the procedure for Complaint/Grievances. . . Develop action plans, educated staff and			

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	implement interventions to prevent re-occurrence...." 2. Resident #68's record was reviewed on 8/8/2012. Resident was admitted on 6/15/2012 and had current diagnoses which included but were not limited to cardiovascular disease, cerebral artery occlusion, depressive disorder, generalized pain, constipation, insomnia, esophageal reflux and nausea. The record indicated Resident #68 was alert and oriented x 3. An admission Minimum Data Set (MDS) assessment, dated 6/22/2012, indicated resident had a Brief Interview Mental Status score was 15 (the highest score you can get). Review of all current care plans, dated 6/16/2012, indicated Resident #68 did not have a history of behaviors. A physician's note, dated 7/1/2012, indicated she had zero dementia status. A speech therapy note on 6/18/2012 indicated she was alert and oriented x 3. During an interview on 08/07/2012 at 10:09 A.M., Resident # 68 answered "yes" when queried if she had been treated roughly by staff. Resident #68 indicated, "I was in 3000 and this black girl was taking care of me when--I take a lot of pain medicine--			

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	my bowels lock up on me and she put me on the toilet. I started having a movement and it was hard and hurting real bad and I was crying and instead of the nurse putting gloves on and removing it (RN #5 named) had the aide do it and that wasn't right. She wasn't easy. She took her gloves off and threw them down and told me in a mean way, 'I have to get more gloves.' She treated me mean all day when (CNA #6 named) in-- the third shift lady--she always treated me like gold. About that time (RN #5 named) walked in and asked why I was crying and I said you know and he said, 'when you had to be cleaned out?' And I said yes she wasn't nice all day and she wasn't nice then and he said he would handle it and that is the last time I have seen her." During this interview Resident #68 stated, "Two young little whipper snappers that were here this weekend made fun of (Roommate named). When they got her up they started laughing and making fun of her. She started talking her language. A black girl and a white girl-Saturday. I gave them a dirty look. They were back Sunday. They were laughing but they were real careful and kept looking at me to see if I was looking and I was. I reported it to my nurse (name given) I think but I am not for sure. I told her			

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	when she gave me my medicine." A nurse's note, dated 7/1/2012 at 10:32 P.M., indicated, "Pt (patient) is in her wheelchair in her room, not ready to get in bed earlier she had trouble moving her bowels after I helped her to the bathroom. She was tearly [sic], as the poop was stuck on her bottom, with the help of the aide, we were able to dig out the poop by hand, and encouraged her to sit back to see if anymore would come out. All the while she was shaken up, but I encouraged her to just relax. Family stopped by and was briefed about the situation that transpired." During an interview on 8/7/2012 at 1:26 P.M., the ED stated, "(Resident #68 named) was with it. Her roommate is cognitively impaired and couldn't speak very well." At this time he was informed of Resident #68's allegations of staff making fun of her roommate. During an interview on 8/8/2012 at 10:03 A.M., Resident # 68's son/POA (Power of Attorney) stated, "she made a report with the facility. She told me about it. There was a nurse (RN #5 named). He wasn't the one who was rude. It was the other lady. She had to get other gloves. I was up			

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	there a day or so after- me and my wife and she told me while I was up there. She was constipated the CNA (Certified Nursing Assistant) was cleaning her out and she ended up being rough with her. The only time they have called me was the other day when they said she had a blood clot besides telling me when they were going to move her. They said when I was there. They did say it should have been a licensed nurse because it was definitely the CNA who did it. It was not real heavy but thicker than the skinny girl that come in all the time. Darker hair than the skinny one had blond. She gives her her medicine so she has to be a nurse on the other hall. She was rude enough they took her away from my mom right away. She was crying and told them and they removed her from my moms care right away. I will have my wife call you." During an interview with the ED and the DON on 8/8/20 at 2:33 P.M., the ED stated, "(Indiana State Department of Health Long Term Care Director named) came out with this. Every incident of rudeness does not have to be reported unless it is abuse. . ." At this time the DON and ED were informed of Resident #68's allegations of a CNA being rough with			

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	her during the bowel incident explained above. The ED was asked at this time if the allegations of a CNA being rough or rude were reported to the state. He again indicated no because it was his understanding allegations of rudeness do not have to be reported. During an interview on 8/8/2012 at 4:05 P.M., the DON indicated they had investigated the allegations after the survey team brought it to their attention. This allegation had not been investigated prior to 8/8/2012 because they were not aware of the allegations. Although the facility had not interviewed Resident #68 to ask her the details, the staff in question had been interviewed and it was determined abuse had not occurred. The DON was asked at this time to interview Resident #68. During an interview on 8/8/2012 4:20 P.M., with Resident #68 and the DON present, Resident #68 indicated to the DON that a CNA was rude to her. Resident #68 told the DON what had happened about the bowel issue. Resident #68 indicated by the CNA's attitude when she threw the gloves on the floor she felt it was the CNA who removed the stool but the nurse was in the room and she could not swear on her life it was not the nurse. She indicated			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	when CNA #6 arrived for her shift she was crying. CNA #6 told her she needed to tell the nurse and at that time RN #5 walked in while she was still crying. She indicated she told him, "you know why I am upset." and he said he would handle it and she assumed he did because she never saw this aide again. She indicated the CNA was annoyed and rude with her and she told the CNA she couldn't help it-it was just the way she was. Review of the facility's current abuse policy provided by the DON on 8/8/2012 at 3:30 P.M. indicated, . . ." Verbal, sexual, physical, and mental abuse, corporal punishment, involuntary seclusion, and neglect of the patient as well as mistreatment, neglect, and misappropriation of resident property are strictly prohibited. All alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). . .Results of an alleged abuse investigation are reported to the ED			

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	155790	A. BUILDING 00 B. WING	08/09/2012

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	or their designee and to other officials in accordance with state law within five working days of the incident or in accordance with State law. . . Staff receive orientation and on-going annual training on: . . .How to report their knowledge related to allegations and reasonable suspicion of crime;, notification of their reporting obligations under the Elder Justice Act to report a suspicion of a crime to the state survey agency, what constitutes a crime, what constitutes abuse, neglect and misappropriation of patient property, how to recognize signs of burnout, frustration and stress that may lead to abuse;. . . Intervention strategies are developed to prevent and/or reduce occurrences, changes that would trigger abusive behavior are monitored, and interventions are reassessed on a regular basis. . . The center implements procedures that include: screening, training, prevention, identification, investigation, protection, and reporting/response. . . Results of an alleged abuse investigation are reported to the ED or their designee and to other officials in accordance with state law within five working days of the incident or in accordance with State law. If the alleged violation is verified,			

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	appropriate corrective action must be taken." 3.1-28(a)			

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F0441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on record review, observation and interview, the facility failed to	F0441	**F441** The facility has an established	08/27/2012

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	ensure the staff followed the infection control policy for a resident in contact isolation for 1 of 1 residents observed in isolation (Resident # 144). Findings include: The record for Resident # 144 was reviewed on 8/6/12 at 10:30 A.M. Diagnoses for Resident # 144 included but were not limited to, mental disorder, insomnia, spinal cord injury, cardiac pacemaker, hypothyroidism, pain, hypertension, esophageal reflux, adjustment disorder with disturbance conduct disorder, history of psychosis and neurogenic bladder. Observation of the resident's room on 8/6/12 at 10:16 A.M., instructed staff, residents and visitors to see the nurse before entering the room. At that time there were 3 staff members in the room without personal protective equipment (PPE) on (1-CNA #3 and 2 unidentified therapy staff). CNA #3 brushed the resident's hair and the 2 therapy staff pushed the resident out of the resident's room to therapy. The CNA remained in the room changing the resident's bed linen. She placed the dirty linens in a bag and left the room, walked down the		and maintains an infection control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. 1. Resident #144 was removed from isolation on the morning of the observation and the nurse practitioner determined isolation precautions were never needed for resident #144. 2. The Director of Nursing, Infection Control Nurse or designee will conduct rounds and observe residents and staff's infection control technique(including hand washing and glove usage). Residents on isolation precautions are identified with a sign alerting staff/visitors to see nurse for information before entering room. A multi drawer cart is utilized for residents on isolation that holds supplies that also serves to alert staff that precautions must be used. 3. The Staff Development Coordinator or designee will in-service staff on proper infection control technique. The Staff Development Coordinator or designee includes Infection Control Policy / Procedure in the orientation of facility staff. The Director of Nursing or Designee will conduct routine daily rounds to observe infection control technique utilized by facility staff and residents. New staff are	

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	hallway to soiled utility room, deposited the bag and then left the soiled utility room. No handwashing was observed. During an interview with CNA #3 on 8/6/12 at 10:20 A.M., she indicated we do not have to use gowns or gloves for Resident # 144. Review of the resident's clinical record on 8/6/12 at 10:30 A.M., indicated a physician order for contact isolation for possible shingles was originally dated 7/24/12. No orders to discontinue contact isolation were present at that time. The medical record lacked any progress notes from the physician to discontinue contact isolation on 8/5/12 or 8/6/12. On second review of the medical record on 8/7/12 at 9:27 A.M., a telephone order to discontinue contact isolation was found. The telephone order was dated 8/5/12 at 11:00 A.M., by RN # 4 During an interview with the Director of Nursing (DON) on 8/8/12 at 4:20 P.M., she indicated "I would expect to see staff in her room with gloves on at least and they would wash their hands."		taught proper infection control techniques during orientation. 4. The Director of Nursing and Unit Managers, or designees, will monitor through direct observation and review of residents on isolation to assure proper infection control technique is utilized including hand washing. This data will be reviewed and analyzed monthly for three months at the Performance Improvement Meeting. An action plan will be developed as needed. 5. Completion Date: 8/27/2012.	

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	During an interview with the DON on 8/9/12 at 8:30 A.M., she indicated CNA # 3 told her she did have her gloves on and walked to the nurses' station to wash her hands after leaving the resident's room. During an interview with the DON on 8/9/12 at 9:16 a.m., she indicated the RN who signed the telephone order, dated 8/5/12 (Sunday), was not working on Saturday 8/4/12 or Sunday 8/5/12. Time card punches provided by the DON at that time indicated the RN did not work on Saturday (8/4/12) or Sunday (8/5/12) but signed the telephone order on 8/5/12 at 11:00 A.M. A current facility policy, dated 6/28/12, and titled "Transmission-Based Precautions" and provided by the DON on 8/8/12 at 3:30 P.M., indicated: "Rationale: Transmission-Based Precautions are for patients with documented or suspected infection or colonization with highly transmissible or epidemiologically important pathogens for which additional precautions are needed to prevent transmission ... Procedure: ... 8. Instruct staff to don PPE upon room entry and discard PPE before exiting the patient room			

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	to contain pathogens ... 11. Determine the type of transmission-based precautions to be initiated. a. Contact - Use appropriate PPE such as gloves and gowns when entering the patient's room ... A current facility policy, dated 8/31/11, and titled "Hand Hygiene/Handwashing" and provided by the DON on 8/8/12 at 3:30 A.M. indicated, "Rationale: ... Handwashing is the single most important procedure for preventing the spread of infection. If soap and water are not available and hands are not visibly soiled, an alcohol-based hand rub (ABHR) may be used for routine decontamination of hands in clinical situations ... Hand hygiene is to be performed: ... Intermittently after gloves are removed, between patient contacts and when otherwise indicated to avoid transfer of microorganisms to other patients or environments ... 3.1-18(b)(2) 3.1-18(l)			

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